## Office of the Inspector General, DoD

## MILITARY CRIMINAL INVESTIGATIVE ORGANIZATIONS' POLICIES, PRACTICES, AND PROCEDURES FOR INVESTIGATING CHILD SEXUAL ABUSE

## **Executive Summary**

**Introduction.** In January 2000, following a report by the National Academy of Public Administration (NAPA), the Deputy Secretary of Defense directed the Under Secretary of Defense for Personnel and Readiness (USD(P&R)), in cooperation with the Inspector General, Department of Defense, to review supporting roles and investigative functions in military child sexual abuse cases. The goal was to ensure an integrated approach to resourcing sexual misconduct investigations, particularly those involving child victims. This evaluation responds to the Deputy Secretary's request as it concerns the military criminal investigative organizations (MCIOs).

**Objectives.** In researching professional literature and best practices, we identified four primary challenge areas unique to child sexual abuse investigations:

- They require a multidisciplinary approach, including activity coordination and information sharing among medical, social service, legal, and law enforcement communities.
- Criminal investigators require specialized training and knowledge to conduct effective victim interviews.
  - Specialized medical examinations may be critically important to the investigation.
  - Special considerations are involved in conducting suspect interviews.

Our primary objective was to determine whether DoD policy and training programs adequately addressed these unique challenges.

**Results.** Rates of child sexual abuse in the military are significantly lower than in the United States generally, and DoD policy and training appear adequate to address the primary challenges unique to child sexual abuse investigations. DoD, for example, requires the use of multidisciplinary teams that include law enforcement, medical, social services, and other professions in resolving child sexual abuse allegations. DoD

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Deputy Secretary of Defense Memorandum dated January 24, 2000, "SUBJECT: Implementation of the Recommendations of the National Academy of Public Administration."

policy prescribes team structure, participation, and responsibilities, and DoD trains investigators and other involved professionals based on the policy. Furthermore, the MCIOs recognize the special knowledge needed to interview child sexual abuse victims, and the MCIOs train their agents to ensure they have this knowledge.

We found that DoD has increased its emphasis on child sexual abuse investigations in the last few years, and this emphasis may not yet be fully reflected in the investigations we reviewed. Specifically, for investigations involving younger children (under 12 years old) completed during 1997 through 1999, MCIO investigative case files show coordination with social services personnel in 83 percent of the cases, coordination with medical personnel in 70 percent of the cases, and coordination with legal personnel in 67 percent of the cases. Similarly, the files show that MCIO agents interviewed about 49 percent of the victims under the age of 12, but in only 56 percent of those cases were the agents specially trained to interview child victims. The Army rate for use of specially trained agents was only 25 percent. We also identified segments of both Army and Navy training that lacked instructor guides and lesson plans with learning objectives that would ensure consistency in instruction and conformance with policy. Further, MCIO policies for using anatomically detailed dolls in child interviews are not fully consistent, although MCIO investigators rarely use that interview technique. The U.S. Army Criminal Investigation Command (USACIDC) and the Naval Criminal Investigative Service (NCIS) allow their agents to use anatomically detailed dolls if they have been trained in their usage. Air Force Office of Special Investigations (AFOSI) written policy allows agents to use regular dolls; it is silent on using anatomically detailed dolls, but agents are instructed not to use anatomically detailed dolls. The policy and training should complement each other.

In addition, DoD has special resources to support child sexual abuse investigations. In 1997, for example, the National Naval Medical Center established the Armed Forces Center for Child Protection (AFCCP) to provide consultative services for all DoD agencies needing objective medical expertise in suspected child maltreatment cases. MCIO program managers and child abuse specialists praise the AFCCP support they receive and regard it as indispensable to their missions. However, AFCCP has very limited funding that may prevent needed equipment acquisition and service expansion. See Part II of the report for details on the evaluation's findings.

## Summary of Recommendations. We recommend that

- the MCIOs, during appropriate inspection, staff assistance, or oversight visits to field locations, verify that their criminal investigators involved in child sexual abuse investigations are participating in multidisciplinary teams, coordinating overall investigative activities, and sharing information throughout the investigations;
- USACIDC, through its Sex Crimes and Child Abuse Monitorship Program, give special emphasis to ensuring that only agents trained in interviewing children interview child sexual abuse victims;

- the U.S Army Military Police School block of instruction dealing with child interviews in the Child Abuse Prevention and Investigative Techniques course include a lesson plan with learning objectives and instructor guide to ensure consistency in instruction and conformance with Army policy;
- NCIS develop coordinated lesson plans with learning objectives and instructor guides to ensure consistency in training and conformance with NCIS policy;
- AFOSI written policy and training on the use of anatomically detailed dolls be consistent; and
- the USD (P&R) review the resources of the AFCCP and determine whether they should be enhanced.

Management Comments. On June 21, 2001, we issued this report in draft form for management comments. Between August 20 and December 20, 2001, we received comments from USD(P&R) and each of the Military Departments. Generally, they all concurred with the report. In response to our recommendations, USD(P&R) is increasing AFCCP funding; Navy developed lesson plans to enhance its training; and Air Force is reviewing its policy and will make changes in accordance with current research findings on using anatomically correct dolls. Although concurring with our report overall, the Army pointed out an apparent inconsistency in our statistics regarding the number of children under age 12 years included in our sample cases. We have amended the final report to overcome the apparent inconsistency. In addition, according to the Army, we did not address incident reporting timeliness in showing medical coordination rates in the draft report (Part II, Tables 3 and 4). The Army pointed out that, if an incident is not reported to investigators on a timely basis, medical evidence may be lost and a subsequent invasive medical examination might further traumatize the victim. We agree, and have amended language in the final report accordingly. The Army also requested that we amend the report in several areas based on its subsequent review of our sample cases. For the reasons described in the report body, we did not make additional amendments to the report based on the Army request. The management comments are addressed in detail in Part II of the report and are reproduced as Appendix H.